

ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT**Fiscal Year 2001**

DESIGNATED AGENCY IDENTIFICATION	
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OPERATING AGENCY (IF DIFERENT FROM DESIGNATED AGENCY)	
Name	
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Name of CAP Director/Coordinator: Gary Conover	
Person to contact regarding report: Heidi Lawyer	
Contact Person's phone: (804) 225-2015	
PART I. AGENCY WORKLOAD DATA	
A. Information and Referral Services (I&R): (Multiple responses are not permitted.)	
1. Information regarding the Rehabilitation Act	455
2. Information regarding Title I of the ADA	586
3. Other information provided	211
4. Total I&R services provided (Lines A1+A2+A3)	1,252
5. Individuals attending trainings by CAP staff (approximate)	406
B. Individuals served (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3.)	
1. Individuals who are still being served as of October 1 (carryover from prior year)	46
2. Additional individuals who were served during the year	52
3. Total individuals served (Lines B1+B2)	98
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	0
C. Individual still being served as of September 30 (carryover to next year) (This total may not exceed Line I.B3.)	40

PART I. AGENCY WORKLOAD DATA (continued)	
D. Reasons for closing individuals' case files (Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)	
1. All issues resolved in individual's favor	31
2. Some issues resolved in individual's favor (when there are multiple issues)	1
3. CAP determines VR agency position/decision was appropriate for the individual	3
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	6
5. Individual chose alternative representation	1
6. Individual decided not to pursue resolution	5
7. Appeals were unsuccessful	0
8. CAP services not needed due to individual's death, relocation, etc.	2
9. Individual refused to cooperate with CAP	9
10. CAP unable to take case due to lack of resources	0
11. Other (Please explain on separate sheet)	0
E. Outcomes achieved (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)	
1. Controlling law/policy explained to individual	10
2. Application for services completed	2
3. Eligibility determination expedited	1
4. Individual participated in evaluation	1
5. IPE developed/implemented	4
6. Decision reversed or compromise reached	15
7. Communication re-established between individual and other party	5
8. Individual assigned to new counselor/office	4
9. Alternative resources identified for individual	1
10. ADA/504/EEO/OCR complaint made	0
11. Other (Please explain on separate sheet)	15
PART II. PROGRAM DATA	
A. Age (as of the beginning of the fiscal year)(Multiple responses not permitted.)	
1. 21 and under	16
2. 22 – 40	32
3. 41 – 64	49
4. 65 and over	1
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	98
B. Gender (Multiple responses not permitted.)	
1. Females	46
2. Males	52
3. Total (Lines B1+B2. Total must equal Line I.B3.)	98
C. Race/ethnicity (Multiple responses are permitted.)	
1. American Indian or Alaskan Native	0
2. Asian	1
3. Native Hawaiian or Other Pacific Islander	0

PART II. Program Data (continued)	
C. Race/ethnicity (continued) (Multiple responses are permitted.)	
4. Black or African American	30
5. Hispanic or Latino	0
6. White	66
7. Race/ethnicity unknown	1
D. Primary disabling condition of individuals served (Multiple responses not permitted.)	
1. Blindness (both eyes)	9
2. Other visual impairments	7
3. Deafness	1
4. Hard of hearing	0
5. Deaf-blind	0
6. Orthopedic impairments	12
7. Absence of extremities	0
8. Mental illness	22
9. Substance abuse (alcohol or drugs)	1
10. Mental retardation	0
11. Specific learning disabilities (SLD)	16
12. Neurological disorders	1
13. Respiratory disorders	0
14. Heart and other circulatory conditions	1
15. Digestive disorders	0
16. Genitourinary conditions	0
17. Speech impairments	0
18. AIDS/HIV positive	1
19. Traumatic brain injury (TBI)	5
20. All other disabilities	22
21. Disabilities not known	
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	98
E. Types of individuals served (Multiple responses permitted.)	
1. Applicants of VR Program	20
2. Clients of VR Program	77
3. Applicants or clients of IL Program	1
4. Applicants or clients of other programs and projects funded under the Act	0
F. Source of individual's concern (Multiple responses permitted.)	
1. VR agency only	99
2. Other Rehabilitation Act sources only	1
3. Both VR agency and other Rehabilitation Act sources	1
4. Employer	0
G. Problem areas (Multiple responses permitted.)	
1. Individual requests information	1
2. Communication problems between individual and counselor	4
3. Conflict about services to be provided	1
4. Related to application/eligibility process	17
5. Related to IPE development/implementation	92
6. Other Rehabilitation Act-related problems	1

7. Non-Rehabilitation Act related	0
PART II. PROGRAM DATA (continued)	
G. Problem areas (continued) (Multiple responses permitted.)	
8. Related to Title I of the ADA	0
H. Types of CAP services provided (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served.)	
1. Information/referral	61
2. Advisory/interpretational	82
3. Negotiation	54
4. Administrative/informal review	10
5. Alternative dispute resolution	1
6. Formal appeal/fair hearing	3
7. Legal remedy	1
8. Transportation	0
I. Satisfaction of individuals served	
1. Number of satisfaction surveys mailed (Number cannot exceed total on Line I.B3.)	58
2. Number of satisfaction surveys returned (Number cannot exceed total on Line II.I1.)	2
3. Of the total number of surveys returned, indicate how many individuals rated their overall satisfaction with CAP in the following ways: (Total for this entire question cannot exceed the total on Line II.I2 above.)	
*Note, satisfaction surveys are sent to all individuals whose cases are closed. A self addressed stamped envelope is enclosed along with instructions as to how important their feedback is. Despite this, the response rate was obviously minimal.	
a. very satisfied	2
b. satisfied	
c. not satisfied	
4. Of the total number of surveys returned, indicate whether the individual served would use CAP again: (Total cannot exceed total on Line II.I2 above.)	
a. yes	2
b. no	
PART III. NARRATIVE (Attach separate sheet(s)) Refer to pages 16-19 of the instructions for guidelines on the contents of the narrative.	

Within 90 days after the end of the fiscal year covered by this report, mail one copy of this report to the RSA Regional Office and one copy to the RSA Central Office specified in the instructions.

Signature and title of designated agency official

Date

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 6.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form,

**write directly to: OSERS/RSA/FMISS, U.S. Department of Education, 400 Maryland Avenue, S.W., Room 3030
MES, Washington, DC 20202-2703.**

NARRATIVE

Department for Rights of Virginians with Disabilities 2001 Annual Client Assistance Program Report

a) Type of Agency Used to Administer CAP

1) External-P&A

b) Source of Funds Expended

Source of Funding	Total Expenditures Spent on Individuals
Federal Funds	\$224,126
State Funds	0
All Other Funds	0
Total From Other Sources	0

c) Budget for Current and Following Fiscal Years

Category	Current Fiscal Year	Next Fiscal Year
Wages and Salaries	128,183	139,407
Fringe Benefits (FICA, unemployment, etc.)	51,019	37,439
Materials/Supplies	326	2,390
Postage	0	1,000
Telephone	463	7,065
Rent	381	16,684
Travel	491	6,175
Copying	824	6,000
Insurance		
Equipment Rental/Purchase	557	3,405
Legal Services		125
Indirect Costs	41,539	27,942
Miscellaneous	343	37,723
Total Budget	224,126	285,355

d) **Number of Person Years**

Type of Position	Full-Time Equivalent	% of Year Position Filled	Person Years
Professional			
Full-Time	2.71	100%	7.4
Part-Time	0.0		
Vacant	0.0		
Clerical			
Full-Time	0.0		
Part-Time	0.8	100%	9.9
Vacant	0.0		

e) **Summary of Presentations Made**

The following rights-related presentations about CAP and other rehabilitation programs and projects were made during the program year:

Date	Title/Topic of Presentation	Group Addressed/ Location	#of Attendees
10/05/00	Overview of CAP	DRS Counselors	25
10/16/00	Panel Discussion	Peninsula CIL Annual Conference, "Independent Living-Keeping the Dream of the ADA Alive"	39
10/27/00	DRVD, CAP and Transition Related to VR Responsibilities	Central Virginia CIL	10
11/30/00	Fair Hearing Officer Training	DRS Fair Hearing Officers, Richmond, VA	18
12/01/00	Overview of DRVD, CAP and Transition	DRS Counselor, Fishersville, VA	1
12/02/00	Overview of CAP and Transition	DBVI Staff and Council	13
12/06/00	Adaptive Equipment Required for School, Who is Responsible? Who Advocates?	DBVI, Roanoke, VA	35
02/08/01	Overview of CAP	DRS Counselors, Richmond, VA	17
02/15/01	Overview of DRVD and CAP	Vector Industries	75
02/22/01	Overview of CAP	Independence Empowerment Center, Manassas, VA	8
02/24/01	Overview of DRVD, CAP, and Transition	Parents, staff, students at Nandua High School, Onley, VA (Accomac County)	14
03/28/01	Overview of DRVD, CAP, and Transition	Peninsula CIL	15

03/28/01	Overview of CAP	PENCIL Board, Hampton, VA	
04/13/01	Overview of DRVD	Partners in Policymaking, Virginia Board for People with Disabilities	33
04/26/01	Overview of DRVD and CAP	Virginia Rehab Center for the Blind and Vision Impaired, Richmond, VA	12
06/05/01	Overview of DRVD, CAP, and Appeals	Woodrow Wilson Rehab Counseling Staff	12
08/14/01	Overview of DRVD, CAP, and Transition Rights	Virginia Rehab Center for the Blind and Vision Impaired, Richmond, VA	12
08/21/01	Overview of DRVD, CAP, and Disability Rights	Empowerment through Communication Workshop	13
08/24/01	Overview of DRVD	Managing the Financial and Legal Challenges of Having Children with Disabilities, Pre-Paid Legal Services	40
09/14/01	Overview of DRVD, CAP, and Transition	Endeppendence Center of Tidewater, Inc.	14

f) Involvement with Advisory Boards

1. The DRVD Director served on the State Rehabilitation Council for the Department of Rehabilitative Services (DRS). She had substantial input into the revision of the DRS appeals policy. She regularly attended meetings, was involved in discussions, and participated in ongoing reviews of DRS policy and of both agencies' state plans for provision of services.
2. A CAP advocate served on the Department for the Blind and Vision Impaired (DBVI) State Rehabilitation Council. She regularly attended meetings and provided feedback to the DBVI Commissioner regarding the needs of agency CAP clients. This year, the CAP advocate, was able to be influential in DBVI deciding to include the various CILs and the Center for Elder Rights in the notification of their public meetings on the state plan and also posting the notice of public meetings on a popular disability list serve.
3. A CAP advocate served on the Virginia Brain Injury Council (VBIC). He regularly participated in the meetings and linked the issues and activities of the Council with the work of DRVD. He is currently on the Work Group to develop VBIC policy related to neurobehavioral issues and prioritization in order to move the Council to a proactive role.
4. A CAP advocate served as an Advisory Member on the Ethics Services Committee of the Woodrow Wilson Rehabilitation Center (WWRC). The committee raises awareness, trains, and counsels WWRC staff, DRS staff, and soon students on ethics broadly. The Advisory Board brings to bear outside perspective to assure quality.

5. A CAP advocate served as Liaison to the State Independent Living Council (SILC). He attended their quarterly meetings in order to be aware of their issues and priorities. In addition, to bring those items to the attention of the CAP team, he is able to give visibility to the CAP role with Independent Living Centers.
6. A CAP advocate served as a member of the Southwest Virginia Assistive Technology Consortium. This provided quarterly contacts with persons from that rural area of the state who are committed to improving the status of persons with disabilities in general and specifically through outreach and training about AT services, devices, and rights.
7. The agency's Deputy Director and a DRVD staff advocate participated in several workgroups led by the VR agency and the state's Medicaid agency and have engaged in substantial interagency collaborative activity. These include the Medicaid Buy-In Work Group and its 1619b subgroups. The purpose of the 1619b workgroup is to address the needs of persons receiving Medicaid benefits to be able to maintain these benefits after becoming employed by obtaining 1619b status through the Social Security System. The Medicaid Buy-In workgroup takes this one step further and will be proposing models through which Medicaid benefits can be purchased after the employee reaches the threshold income at which their SSI checks will be discontinued. DRVD is helping to design this system in collaboration with other state and local agencies and advocacy organizations. While this work is being conducted under the Ticket to Work program, it will be of substantial benefit to CAP clients who face many of these same issues. In fact, many Ticket to Work clients are also potential VR clients.
8. In additional collaboration with DRS, provided comments to the state VR agency and the state Medicaid agency on their joint Medicaid Infrastructure Grant (MIG) submission. This grant, which has been funded, will make targeted improvements to the state's Medicaid PAS services to support employment by people with disabilities. The grant will also enable Virginia to develop, implement, and assess the impact of a Medicaid Buy-In program. Funds will also be used to plan, implement, and evaluate major outreach and education activities designed to inform consumers, service providers, employers, and policy-makers about the various work incentives available for people with disabilities, and to increase coordination and communication across service systems.
9. DRVD also provided input to the state VR agency on their *Systems Change Project to Enhance Employment Outcomes for Individuals with Psychiatric Disabilities* grant which focuses on improving competitive employment opportunities and outcomes for youth and adults with psychiatric disabilities who are recipients of public support. The specific goals of this project, if it is funded, includes designing and implementing: (1) an interagency structure that integrates employment, public assistance, vocational services, and health

care programs to effectively enhance employment outcomes for youth and adults with psychiatric disabilities in Virginia; (2) innovative practices that enhance employment opportunities and outcomes for individuals with psychiatric disabilities; and (3) a comprehensive, ongoing program of training and technical assistance that will improve the quality of employment-related services and supports provided to youth and adults with psychiatric disabilities. DRVD CAP staff will serve on the Executive Council and the Policy and Practice Forum for this grant if it is funded.

10. The CAP staff attorney, who also works in the agency's Developmental Disabilities (DD) program, served on the state's DD Waiver Task Force and played a critical role in the development of Virginia's first DD Medicaid waiver. This waiver is designed to ensure that persons with disabilities at-risk of institutionalization are able to receive services in the community. Among the services provided under the DD waiver are supported employment, prevocational training, and other employment-related services. This will be of significant benefit to VR clients with developmental disabilities who require ongoing support to be employed as there was no funding stream or program for this support in the past, unless the individual had a diagnosis of mental retardation.
11. DRVD has continued to pursue and clarify its role with regard to CAP involvement in implementation of the federal Workforce Investment Act. CAP does not have representation on the State Workforce Council but has attended several meetings as an observer. A CAP advocate also monitored a State Workforce Council committee meeting on "Difficult to Place Workers" where he was able to discuss CAP during lunch. In March 2001, CAP staff sent a letter to the Chair of each of the 17 Local Workforce Investment Boards in Virginia informing them of the role of CAP and asking for further dialogue regarding how CAP could participate in LWIB activities without being a formal member of the Boards since CAP resources are so limited (only 3 staff to cover the state). Only two responses were received. The CAP Director met with the Director of one of the LWIBs that responded, attending their May 2001 LWIB meeting. CAP staff obtained copies of MOUs from two other CAP programs and used these and an MOU obtained from the state VR agency as a model for drafting MOUs between the DRVD CAP program and the 17 LWIBs. In late September, these were sent to the two LWIBs that responded to the initial mailing. The Directors of the LWIBs were asked to provide input on the MOU and work with DRVD to finalize an MOU that would be acceptable to all parties. As of the end of the fiscal year, no response had been received. This will be a priority of the CAP Director in the FY 2002 program year.
12. The agency participated in a statewide advocacy coalition, the Coalition for Children with Disabilities, which focuses on the needs of children and adolescents with disabilities in the area of education and transition, including transition services that may be provided by the VR agency.
13. DRVD's Deputy Director is a member of the Virginia Department of Education

(VDOE) State Special Education Advisory Committee and is active in the monitoring and review of laws and regulations. DRVD provided substantial input regarding the VDOE's self-assessment on IDEA compliance through this group.

14. The DRVD Director is an active member of the Virginia Board for People with Disabilities (VBPD), the Commonwealth's DD Council as well as the Advisory Council of the Virginia Institute on Developmental Disabilities (VIDD), the Commonwealth's University Affiliated Program. Through this work, DRVD is able to provide input into joint projects, funding priorities, and by bringing an advocacy view to the work being performed for children and adults with developmental disabilities.
15. DRVD is a member of the Virginia Assistive Technology (VATS) Council, which seeks to eliminate barriers to consumers obtaining assistive technology devices and services in all environments (home, school, work, and community). This year, DRVD provided \$15,000 to VATS through its Assistive Technology (AT) program to hold a statewide AT conference at George Mason University.
16. A DRVD staff attorney served on the State Board of Elections Accessibility Task Force which was developed to ensure accessibility of voter polling places to persons with disabilities. The work of the Task Force will likely result in changes in the policy of elections officials concerning people with disabilities. Legislative proposals have been developed by the Task Force which provide for greater flexibility in allowing persons with disabilities the opportunity to vote, in private, at an accessible polling location, among other important provisions.
17. The Deputy Director serves on the Board of Directors of the state Autism Program (TAP), a legislatively-funded initiative designed to provide access to persons with autism of all ages to appropriate services, including employment and other support services for adults with autism and related disorders.

g) Outreach to Unserved/Underserved Populations

During FY 2001, CAP staff made a number of efforts with respect to ensuring that persons throughout the Commonwealth were made more aware of DRVD/CAP services and issues relating to vocational rehabilitation. These efforts included the following:

- DRVD developed a Fact Sheet on Informed Choice and revised its CAP brochure.
- CAP staff identified Native Americans in Virginia as an underserved population in FY 99. CAP staff continued its work in this area in FY 2000 and FY 2001. The CAP advocate attended Virginia Council on Indians meetings throughout the fiscal year and the Annual Indian Conference. In February 2001 the advocate sent outreach letters to each tribal chief offering to speak to their group about

DRVD/CAP. The CAP advocate was able to have a DRVD exhibit at the Upper Mattaponi Pow Wow in May 2001 (tribal representatives indicated that they were very pleased that DRVD was there) and attended their March Conference. She provided CAP and DRVD brochures for them to place in the conference packets.

The Chief in Chesapeake has indicated that he had no problem with the advocate contacting all of the tribes in his area, which she is in the process of doing. The advocate spoke at the local council of the Upper Mattaponi Indian Tribe in King William County at their Tribal Center. She discussed DRVD, CAP, Priorities, Transition, training, and other resources and supplied materials and handouts they could share with other members of the tribe. Alternative formats of written materials were provided. The advocate has also sent materials about CAP and DRVD to the Chickahominy Tribe and is discussing the possibility of talking with the Tidewater Indian Support Group. One tribal leader has not returned the advocate's telephone calls. This work will continue in FY 2002.

- CAP brochures, the VR Rights Fact Sheet, the Transition Fact Sheet, the Rehabilitation Act Amendments Fact Sheet, and the Employment Discrimination Fact Sheet are routinely distributed to all clients and through the Consumer Services Division, to potential clients. Twice this year, a mass mailing of brochures was sent to all DRS field offices. CAP staff ensured that all of the CILs were well supplied with brochures and fact sheets. At the end of the fiscal year, DRVD had arranged with DBVI to supply its CAP brochure in accessible format, including electronic and Braille copies.
- DRS includes a copy of the CAP brochure in their application package which applicants for VR services receive. Some problems were identified with certain offices, which appeared to be unaware of this requirement. As a result, the Director of Field Operations sent a memo, copied to CAP staff, instructing all staff to comply with the requirement. CAP staff routinely ask clients whether they received a CAP brochure from their VR counselor and how they heard about CAP. They are also asked whether they were required to go through another process before contacting CAP. The purpose is to ensure that clients have easy and immediate access to CAP if they require services and to identify individual "problem" offices in which CAP services appear to be less accessible.
- The Spinal Cord Injury System includes DRVD's CAP brochure and VR Rights Fact Sheet in their initial mailing to newly injured persons.
- Each CAP advocate/attorney was assigned specific Centers for Independent Living (CILs) with which to maintain contact. All CILs were contacted in person and by phone several times during the year. Their training needs were assessed via survey and CAP staff provided training to a number of CILs, including those in underserved areas. Some CILs were not interested in receiving training. Follow-up with those CILs will continue. A number of the CILs with which the agency maintains ongoing contact focus on underserved populations. For example, among the focuses of the Junction Center for Independent Living are deaf issues. The Valley Association for Independent Living has a focus on rural transportation, among other issues. Contact with the CILs will continue in FY 2002. Training delivered this fiscal year is reported above in Section (e).

- A CAP advocate spends one afternoon a month at the Rehabilitation Center for the Blind and is available to talk with center client about the CAP program. A CAP advocate also spends one afternoon a month at the Woodrow Wilson Rehabilitation Center for the same purpose. Both advocates routinely provide written information and talk with interested individuals. A CAP advocate also serves on the Ethics Advisory Council at Woodrow Wilson Rehabilitation Center.
- CAP staff seek opportunities to make presentations to client groups or mixed customer-staff groups about CAP and DRVD. Trainings are listed above and include persons of diverse backgrounds and disabilities.

h) Alternative Dispute Resolutions

DRVD has a policy on mediation as required by CAP regulations. Pursuant to the policy, CAP clients are informed of the availability of mediation or other alternative dispute resolution techniques prior to requesting a Fair Hearing. The processes and benefits of mediation are explained and clients are given the option to choose mediation as opposed to a more formal dispute resolution mechanism. The need to proceed to Fair Hearing did not arise this fiscal year. Therefore, the option to seek mediation or other alternative dispute resolutions did not arise.

i) Systemic Advocacy

This year's CAP work focused primarily on individual casework. Two systemic issues were identified: (1) lack of appropriate transition services for students with disabilities and (2) lack of a proper standard of evidence in the Fair Hearing System, leading to divergent standards among hearing officers. The first issue has been incorporated into the CAP workplan for FY 2002. The second issue arose and was addressed in the Fair Hearing process, and has been presented as an issue to the NatCAP Advisory Council.

Other work of a "systems" versus individual client nature that took place in FY 2001, some of which is directly, some of which is indirectly, related to CAP are as follows:

- DRVD continues to review DRS and DBVI policy as new policy is introduced. No policy changes were recommended this fiscal year.
- The agency participates actively in a statewide advocacy coalition, the Coalition for Children with Disabilities, which focuses on the needs of children and adolescents with disabilities in the area of education and transition, including transition services that may be provided by the VR agency.
- DRVD's Deputy Director is a member of the State Special Education Advisory Committee and is active in the monitoring and review of policy, laws, and regulations.

- DRVD participates on the Virginia Assistive Technology Council, which discusses issues related to access to technology for persons with disabilities of all ages, including persons who are applicants or clients of the vocational rehabilitation system.
- DRVD participated on the State Rehabilitation Council (SRC) subcommittee that advised the Fair Hearing Coordinator on the review and selection of applicants for positions as Hearing Officers for Fair Hearings. The performance of Hearing Officers and the quality of their decisions were also addressed in this forum. DRVD also participates in the training of Fair Hearing Officers.
- DRVD tracks and monitors relevant legislation each year. This year, DRVD monitored numerous bills and commented on a number of proposed bills, some directly relevant to CAP, others relevant to persons with disabilities who could potentially be served by the CAP program. These included bills relating to: (1) revising the statute of limitations for appeal of special education due process decisions; (2) a proposed study on substitute decision-making for persons with mental illness, mental retardation, or other disabilities; (3) a proposed JLARC study on DRVD; and (4) a study of the state's Not Guilty by Reason of Insanity process. In addition, DRVD testified against a bill which proposed eliminating the scores of students with disabilities from the state's accountability (Standards of Learning) testing system.

j) **On-Line Information/Outreach**

DRVD has continued to update and revise its web page this fiscal year. A new web site was developed which meets accessibility guidelines for persons with disabilities. The web site has not yet been launched but is expected to be piloted early in the FY 2002. It will eventually include copies of all DRVD publications in addition to other relevant information.

Case Examples

Example 1: The CAP staff attorney has been involved in a case in which the agency has vigilantly sought to enforce a client's right to informed choice in his vocational rehabilitation program. The client has an orthopedic disability and has been disallowed the right to choose vendors and independently develop his self-employment enterprise training program via his IPE because of his counselor's lack of assistance and knowledge about the client's background and interests. The agency has exhausted all administrative remedies and is pursuing state court action.

Example 2: The CAP staff attorney has been working with a bipolar client who wants to pursue a teaching career on the high school level. Due to her disability, the client has difficulty dealing with heightened levels of stress, but vehemently wished to work in the education field. She also had problems communicating with a counselor who did not want to work with her. The staff attorney was able to successfully re-establish her trust in DRS and with a new counselor who was very willing to assist her in developing an IPE, attending classes to improve her computer

skills, and help her identify other education-related careers that would not exacerbate the effects of her disability.

Example 3: The client, a 40 year-old woman, has been legally blind since a young age, has diabetes and her hands are mildly affected by cerebella palsy. She obtained a two-year college degree but had continual difficulty finding and keeping a job. Her rehabilitation counselor grew frustrated with the ups and downs and changes of occupational goals over years of trying to assist the client. When the counselor proposed she go to the state's Rehabilitation Center for the Blind and Visually Impaired nearly 200 miles away, the client called the CAP program. She did not want to return to the Center where she had been subjected to a nearly traumatic event many years before.

The CAP advocate gathered information and then met with her counselor. The counselor agreed to request the psychologist who did assessments for the general rehabilitation agency to do so for the client. That positive experience began a chain of events shepherded by the advocate, which included having the vocational evaluation and computer accommodation assessment done at the larger and more diverse state Rehabilitation Center. They determined that the client also had a learning disability and gave suggestions for compensation. The testing results helped the client better understand herself and addressed the question about interference with her learning. Fatigue, she learned, is also a significant issue for her learning. She also has several occupational areas to consider. The client saw her counselor's attitude change as the client performed in the new opportunities. He initiated providing her with an appropriately equipped computer for learning in her home. He also provided one-on-one tutoring to be delivered over many months. The client is giving strong consideration to either working for a non-profit entity and/or continuing her education with her newly developing skills. The client expressed extreme satisfaction and gratitude regarding the CAP services she received.

Example 4: A 50 year-old woman contacted DRVD in the Spring of 2000 seeking assistance in returning to the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI). She believed that she had been released prematurely from the program. The client became blind around 1996 and was devastated by the onset of her disability. Before this sudden onset she had worked as an administrative assistant and a supervisor of other clerical workers. She had worked for state and federal agencies and had been able to type up to 110 wpm and was very skillful with operating a computer. As a result of the sudden on-set disability, she needed to obtain new independent living skills and determine how her skills could be used in employment. The client reported difficulty in communicating with the VRCBVI staff whom she believed did not feel she had the intellectual ability to succeed. In addition, the client felt that staff was excessively concerned that her medical problems would affect her ability to pursue employment.

This CAP advocate counseled the client and advocated for her right to be provided all necessary services to remove her barriers. Through interactions with the client and VRCBVI, the advocate assisted the client in identifying an employment goal. The advocate convinced VRCBVI to reopen the client's case and send her back to

the Center for additional skills training including JAWS, keyboarding, scanning, and additional Braille skills. The client returned to the Center and was able to greatly improve in her skills. The CAP advocate also advocated successfully for the client to obtain computer equipment and assistive technology needed in the home so that she could build upon her skills. Through continued CAP advocacy and client's persistence, she was able to improve her relationship with her vocational rehabilitation counselor and obtain the needed tools to help her successfully pursue her vocational goal.

Case Example 5: The client wished to attend college so that she could work with children in a local school system. While attending college, she gradually became blind with glaucoma. She sought help from the Department for the Blind and Vision Impaired (DBVI); however, a severe communication problem between her and her vocational rehabilitation counselor hindered her progress. The client requested CAP services. With the support of the CAP advocate and local Center for Independent Living (CIL) staff, the client was able to clear up communication problems with her counselor and she was declared eligible for services. Several more months of negotiations by CAP and ECI staff with DBVI continued as the individualized plan of employment was developed and implemented. She was able to obtain the necessary assistive technology and training that would enable her to pursue her employment goal.